WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 24 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20283

1. PLACE OF DEATH

County Linn — Registration District No. 496 — File No.

Township ~~Brookfield~~ — Primary Registration District No. 3025 — Registered No. 58

City Brookfield (No. ..... St. ..... Ward)

2. FULL NAME Lee Ann Kinney

(a) Residence, No. 517 S. Main St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew M. Kinney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Catherine, Mo.

FATHER

13. NAME Alfred Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton County, Mo.

MOTHER

15. MAIDEN NAME Zilpha Ann Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennesee

17. INFORMANT (ADDRESS) A. M. Kinney Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Cem, Brookfield, Mo. DATE June 9, 35 19

19. UNDERTAKER (ADDRESS) Rusk Funeral Home Brookfield, Mo.

20. FILED July 9 1935 J. Shucas, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1935, to June 8, 1935

I last saw her alive on June 7, 1935. Death is said to have occurred on the date stated above, at 12:50 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	6-1-35
Other contributory causes of importance:	
[illegible]	5-20-35

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ✓

(Signed) C. E. Jenkins, M. D.

(Address) Brookfield Mo